

City of Shreveport

Department of Community Development

October 01, 2014

Notice of Funding Availability (NOFA)

for

Emergency Solutions Grant (ESG)

AGENCY: Department of Community Development

ACTION: Notice of Funding Availability (NOFA)

SUMMARY: This NOFA announces the opening of competition for the FY 2015 proposed U. S. Department of Housing and Urban Development (HUD) funds administered by the City of Shreveport. Only organizations, with a 501 (C) (3) status, and a minimum of one year experience providing one of the eligible activities, are eligible to apply. Only applicants who are members of the Homeless Management Information System (HMIS) will be considered. Funding available under the Emergency Solutions Grants Program can be utilized for the following purposes: street outreach, emergency shelter, homelessness prevention, rapid re-housing assistance and home management information system (HMIS).

The City of Shreveport is entering the second year of its **2014-2018 Consolidated Strategy Plan (CSP)**. The CSP is a five year housing and community development plan which serves as the planning and application process for the following federal formula grants awarded to the City of Shreveport by the U.S. Department of Housing and Urban Development (HUD): **Community Development Block Grant (CDBG), HOME Investment Partnerships Program (HOME), and Emergency Solutions Grant Program (ESG)**. The CSP identifies as priority needs: housing, economic development, non-housing services, homeless services, and strategies to address these needs. For the purpose of this NOFA, the City will only consider funding ESG projects which are consistent with the Consolidated Strategy Plan. .

You may access this NOFA by going to www.shreveportla.gov and clicking on Department of Community Development or you may pick up a copy at the Department of Community Development, 401 Texas Street, First Floor, Shreveport, LA 71101. *The grant period for funding is January 01, 2015 to December 31, 2015.*

DATES: One original completed application plus three (3) copies must be received by **5:00 p.m., Friday, October 31, 2014** hand-delivered to the attention of Ms. Bonnie Moore, Director, City of Shreveport, Department of Community Development, 401 Texas Street, First Floor, or mailed to Post Office Box 31109, Shreveport, LA 71130. APPLICATIONS MAY NOT BE SENT BY FACSIMILE (FAX) or BY ELECTRONIC MAIL (E-MAIL). **There will be absolutely no exceptions.**

FORMAT: All applications must be completed using the forms supplied with this NOFA. **Any application not following the prescribed format will not be considered for funding.** The City of Shreveport reserves the right to request additional information pursuant to this application.

DISCLAIMER: All proposals submitted become the property of the City of Shreveport. Submission of a proposal does not commit the City of Shreveport to award a contract or to pay for any costs incurred in the preparation of a proposal. The City has the right to extend the submission deadline should such extension be in the interest of the city. Proposers have the right to revise their proposals in the event the deadline is extended.

INFORMATIONAL

WORKSHOP: An informational workshop will be held at 2:30 p. m. on Friday, October 10, 2014 at the Department of Community Development, 401 Texas Street, Second Floor Conference Room, Shreveport, Louisiana. Interested organizations are strongly encouraged to attend the proposers' conference. Attendance is not mandatory, but proposers will be held responsible for all information presented at the meeting.

TABLE OF CONTENTS

| | <u>PAGE(S)</u> |
|---|----------------|
| I. Application Cover Sheet..... | 4 |
| II. Background..... | 5 |
| III. Making the Connection..... | 5 |
| A. Target Population..... | 5 |
| B. Target Areas | 5 |
| C. Eligible Activities..... | 5-6 |
| D. Performance Measures Objectives..... | 6-8 |
| IV. Homeless Management Information System | 8 |
| V. Insurance Requirements..... | 8 |
| VI. Application Outline | 9-10 |
| VII. Submission Requirements | 10 |
| VIII. Applicant Selection Process..... | 11 |
| A. Application Review | 11 |
| B. Core Selection Criteria | 11 |
| C. Additional Selection Criteria..... | 11-12 |
| D. Budget Form | 13 |
| IX. Attachments..... | 14 |
| A. Information on Vendor's Application and Commodity Codes..... | 15 |
| B. Vendor Application..... | 16 |
| C. Authorizing Resolution | 17 |
| D. Certificate of Insurance Form | 18 |
| E. W-9 Form and Instructions..... | 19-22 |
| F. Affidavit..... | 23-24 |
| X. Checklist of Required Documents | 25 |
| XI. Maps | 26-27 |

I. APPLICATION COVER SHEET
City of Shreveport - Department of Community Development

BACKGROUND INFORMATION

Date: _____ Tax I.D. Number: _____

*DUNS Number: _____

Submitted by: _____ Title: _____

Contact Person: _____ Title: _____

Legal Name of Agency: _____

Address: _____

Telephone Number: _____ Fax Number: _____

PROJECT SUMMARY

Type of funds requested: **ESG:** ☐

Name of Project _____

Amount Requested _____ Amount of Matching Funds _____

Population Served ☐ **Homeless**

Type of Activity: _____

PROJECT DESCRIPTION:

I CERTIFY THAT ALL OF THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND CORRECT.

SIGNATURE OF THE AUTHORIZED REPRESENTATIVE

DATE

***DUN AND BRADSTREET DATA:** All applicants must obtain a Dun and Bradstreet Data Universal Numbering System (DUNS) and include it on this application. Failure to provide a DUNS number will prevent you from obtaining an award. Applicants may obtain a DUNS number by calling the toll-free request line at 1-866-705-5711 between 8:00 a. m. & 6:00 p. m.

II. BACKGROUND INFORMATION

The Emergency Solutions Grant program changes are a result of the Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009 (HEARTH Act). The HEARTH Act, enacted into law on May 20, 2009, consolidates three of the separate homeless assistance programs administered by HUD under the McKinney-Vento Homeless Assistance Act into a single grant program, and revised the Emergency Shelter Grants program and renames it as the Emergency Solutions Grants (ESG) program, 24 CFR Parts 91 and 576. The change in the program's name reflects the change in the program's focus addressing the needs of homeless people in emergency or transitional shelters to assisting people to quickly regain stability in permanent housing after experiencing a housing crisis or homelessness.

III. MAKING THE CONNECTION

A. TARGET POPULATION:

Applicants applying for funding under this NOFA should target services and activities for the homeless.

| | |
|-------------------------|---|
| <i>Homeless:</i> | For the purpose of this RFP, homeless is defined as; |
| (1.) | An individual who lacks a fixed, regular and adequate nighttime residence; |
| (2.) | An individual or family who will imminently lose their primary nighttime residence; |
| (3.) | Unaccompanied youth under 25 years of age, or families with children and youth who do not otherwise qualify as homeless; and |
| (4) | Any individual or family who is fleeing, or is attempting to flee, domestic violence, or other dangerous or life-threatening conditions that has taken place in the in the individual's or family primary nighttime residence or has made the individual or family afraid to return to their primary residence. |

B. TARGET AREAS:

The City will only consider funding projects which are consistent with the Consolidated Strategy Plan. City-wide homeless services and activities are eligible.

C. ELIGIBLE ACTIVITIES:

The focus of the homeless services funded through the Emergency Solutions Grants (ESG) should be to assist people to quickly regain stability on permanent housing after experiencing a housing crisis and/or homelessness. The City of Shreveport, through this NOFA, will fund the following components for program year 2015:

- (1) Street Outreach – funds may be used for costs of providing essential services necessary to reach out to unsheltered homeless people; connect with emergency shelter, housing, or critical services; and provide urgent, non-facility-based care to unsheltered homeless people who are unwilling or unable to access emergency shelter, housing, or an appropriate health facility.
- (2) Emergency Shelter – funds may be used for costs of providing essential services to homeless families and to individuals in emergency shelters, renovating buildings to be used as emergency shelter for homeless families and individuals, and operating emergency shelters.
- (3) Homelessness Prevention – funds may be used to provide housing relocation and stabilization services and short and/or medium-term rental assistance necessary to prevent an individual or family from moving into an emergency shelter or another place.
- (4) Rapid Re-housing Assistance – funds may be used to provide housing relocation and stabilization services and short and/or medium term rental assistance as necessary to help a homeless individual or family move as quickly as possible into permanent housing and achieve stability in that housing.
- (5) Relocation and Stabilization Services – funds may be used to pay financial assistance to housing owners, utility companies and other third parties.
- (6) HMIS – funds may be used to pay the costs of contributing data to the HMIS designated by the Continuum of Care for the area.

D. PERFORMANCE MEASUREMENT OBJECTIVES:

HUD has implemented a mandated system of reporting performance measurements in a precise and timely manner. All recipients funded under this proposal must provide needed data to the city of Shreveport in order to be reimbursed for eligible expenses. All of the activities funded must identify one of the three performance measurements overarching objectives:

- creating suitable living environment (In general, this objective relates to activities that are designed to benefit communities, families, or individuals by addressing issues in their living environment);
- providing decent affordable housing (This objective focuses on housing programs where the

purpose is to meet individual family or community needs and not programs where housing is an element of a larger effort);

- creating economic opportunities (This objective applies to the types of activities related to economic development, commercial revitalization, or job creation).

There are also three outcomes under each objective:

- (1) Availability/Accessibility,
- (2) Affordability, and
- (3) Sustainability

Thus, the three objectives, each having three possible outcomes, will produce nine possible “outcome/objective statements” within which to categorize grant activities, as follows:

Availability/Accessibility. This outcome category applies to activities that make services, infrastructure, housing, or shelter available or accessible to low-and moderate-income people, including persons with disabilities. In this category, accessibility does not refer only to physical barriers, but also to making the affordable basics of daily living available and accessible to low-and moderate-income people.

Affordability. This outcome category applies to activities that provide affordability in a variety of ways in the lives of low-and moderate-income people. It can include the creation or maintenance of affordable housing, basic infrastructure hook-ups, or services such as transportation or daycare.

Sustainability: Promoting Livable or Viable Communities. This outcome applies to projects where the activity or activities are aimed at improving communities or neighborhoods, helping to make them livable or viable by providing benefits to persons or low-and moderate-income people or by removing or eliminating slums or blighted areas, through multiple activities or services that sustain communities or neighborhoods.

Examples:

Listed below are the nine (9) outcome categories for Community Development Programs. Each outcome category can be connected to each of the overarching objectives, resulting in a total of nine groups of outcome/objective statements under which subrecipient should report the activity or project data to document the results of their activities or projects. They are activities or projects that provide:

- Availability/Accessibility for the purpose of creating suitable living environments
- Availability/Accessibility for the purpose of providing decent affordable housing
- Availability/Accessibility for the purpose of creating economic opportunities
- Affordability for the purpose of creating suitable living environments
- Affordability for the purpose of providing decent affordable housing
- Affordability for the purpose of creating economic opportunities
- Sustainability for the purpose of creating suitable living environments
- Sustainability for the purpose of providing decent affordable housing
- Sustainability for the purpose of creating economic opportunities

For the purpose of this application, the outcome categories are Availability/Accessibility, Affordability, and Sustainability for the purpose of creating suitable living environments

Listed below is an example of an output that is relative to the funding categories under this application. Each output should relate to the intended outcome/objective of the program activities and community objectives.

- 100 homeless persons have access to a shelter for the purpose of creating a suitable living environment

IV.HOMELESS MANAGEMENT INFORMATION SYSTEM

Congress has directed HUD to improve the collection of data on the extent of homelessness locally and nationally. Communities must collect an array of data including an unduplicated count of homeless persons, analyze their patterns of the use of the McKinney-Vento and other assistance, including information on how they enter and exit the homelessness assistance system and assess the effectiveness of that assistance. Through the Federal Register Notice, the Emergency Solutions Grants Program and Community Development Block Grants were made a part of this mandate. Therefore, all proposed projects/organizations must provide written certification of their participation in an existing HMIS. You can contact your local Continuum of Care at (318) 670-4591.

NOTE: This is a mandated requirement. All recipients must adhere to this mandate.

V. INSURANCE REQUIREMENTS

Applicants must provide proof of insurance available upon notification of funding. Coverage must be in full force and effect at all times. Such insurance at a minimum must include the following coverage and limits of liability:

| | |
|--|-------------|
| A. Commercial General Liability | |
| Annual Aggregate | \$2,000,000 |
| B. Per Occurrence | \$1,000,000 |
| C. Commercial Auto Liability Insurance | \$ 300,000 |
| D. Worker's Compensation Insurance | \$1,000,000 |
| E. Fidelity Bonding (25% of Contract Amount) | |

Subrogation Clause, the Subrecipient and all of its insurers shall, waive all right of recovery or subrogation against the City, its officers, agents or employees and its insurance companies. The policy must be endorsed to name the City as an additional insured (**Additional Insured Clause**).

NOTE: These insurance limits are subject to change.

VI. APPLICATION OUTLINE

Your application must be formatted as outlined below. Proposals that are not submitted in the following format will not be reviewed. This section shall not exceed six double spaced pages in a 12 pitch font. The application outline must address all of the following items listed below.

Project Summary : (10pts)

This summary should identify the applicant and briefly describe your purpose, mission and goals; indicate the reason for the grant request and the need to be addressed; provide a brief summary of the program activities, and how they will be accomplished; identify the population and area to be served; and clearly and concisely summarize your request for funding, including total cost of the project, funds already committed and the amount requested under this proposal.

Applicant Capacity: (15pts)

Describe the agency's qualifications, and the extent to which you have the organizational resources necessary to successfully implement the proposed activities in a timely and efficient manner. Indicate the staff member who possesses knowledge and experience in your proposed program. Show relevant experience in managing grants and similar program.

Problem Statement:(15pts)

Specifically **define the problem and clearly document** the needs to be met or problems to be solved by the proposed project. You must determine the extent of the problem in the geographic area that you will target with your program. The need should be related to the purpose of your proposed activities and documented, using sound and reliable data (statistics, survey findings, expert advice, studies, student data, and test results). You are encouraged to link the documentation of need to data identified in the city's Consolidated Plan. To obtain a copy of the Consolidated Plan, go to www.shreveportla.gov

The following information should be included in your program narrative:

*Procedures to ensure confidentiality of information about family violence victims;

*Plan for involvement of homeless persons in ESG funded activities;

Program Narrative/Budget: (30pts)

Outline the specific activities to be **performed, methodology** and **benefits** to be achieved. Describe the targeted population and the demographics of that population. Establish a clear time line for implementation. Identify **measurable objectives** stated in relation to the problem and the

expected outcomes. Identify any collaborative partners associated with this project, and how this project will benefit the community. Special consideration will be given to those agencies creating partnerships that are appropriately designed for implementing the proposed activities. The budget must be completed listing by line item the projected expenditures for the funds requested. In addition, list the amounts, types and source of match.

Leveraging Resources:(15pts)

The applicant must demonstrate and document the ability to secure resources beyond those provided under this grant award, including private, other public, and mainstream resources. Leveraging resources may include cash, cash equivalent (i.e., other federal, state and local grant awards) and in-kind contributions, such as services, donations or equipment. **Please be sure to include supporting documentation of your resources.**

Program Evaluation (15pts)

(1) Present a **plan** for determining the degree to which objectives are met. You must identify **one** of the three performance measures your program will meet (refer to pages 20-22). Your application should also identify specific **output** and **outcomes** or impacts that your program or activities will have on the community.

(2) Describe how you will make your services available/accessible, affordable, or sustainable to the target population you propose to serve.

(3) Describe the specific tools to track output and outcome and the methodology you will use to measure your success in meeting your stated goals.

VII. SUBMISSION REQUIREMENTS

One original application plus three (3) copies must be received by 5:00 p. m., Friday, October 31,2014, to the Attention: Ms. Bonnie Moore, Director, at the City of Shreveport, Department of Community Development, 401 Texas Street, First Floor, or mailed to Post Office Box 31109, Shreveport, LA 71130. APPLICATIONS MAY NOT BE SENT BY FACSIMILE (FAX) or BY ELECTRONIC MAIL (E-MAIL). There will be absolutely no exceptions.

VIII. APPLICANT SELECTION PROCESS

APPLICATION REVIEW

Only one application will be accepted per eligible activity. Applications will not be accepted unless they meet the following requirements:

- Applicant eligibility. The applicant must be a non profit organization (IRS 501(c)(3) status), and must have at least one year of experience in providing the requested service prior to submission of application.
- Eligible population/target area to be served. The population to be served must meet the eligibility requirements as identified on (see page 5)
- Eligible activities. The activities for which assistance is requested must be consistent with those prescribed in Section III. (see pages 5,6)
- Provide an executive summary of the agency's accomplishments for the previous twelve months.
- Match Requirements. The applicant must furnish a 100% match, with a minimum of 50% being a cash match.

B. CORE SELECTION CRITERIA:

| <u>Category:</u> | <u>Maximum Points:</u> |
|--------------------------|------------------------|
| Project Summary | 10 |
| Applicant Capacity | 15 |
| Problem Statement | 15 |
| Program Narrative/Budget | 30 |
| Leveraging Resources | 15 |
| Program Evaluation | 15 |

C. ADDITIONAL SELECTION CRITERIA

Currently funded agencies or those who have received prior funding from the Department of Community Development (DCD) will also be evaluated on past performance in carrying out programmatic activities and contractual compliance. Factors such as agency ability to meet service delivery goals, timely expenditure of funds, timely reporting, accuracy of reporting, ability to meet audit requirements, and other programmatic and fiscal contractual requirements will be considered. These other factors will be considered in conjunction with the proposal score in developing an overall recommendation for agency funding.

All applications must be completed using the forms supplied with this Notice of Funding Availability. **Any application not following the prescribed format will not be considered for funding.**

For additional information, please contact Fred Thomas or Jackie Brown at (318) 673-5900.

Applicants who physically deliver the proposal must have their proposal logged in. Under no circumstances should any applicant leave a proposal at the office without completing the required log-in procedure. Applicants who mail proposals should do so by certified mail, return receipt requested, or through overnight mail services, allowing enough time for the proposal to be received by the deadline date and time.

ONLY ONE APPLICATION WILL BE ACCEPTED.

Proposals must be complete at the time of submission. No addendum will be accepted after the deadline date for submission of proposals.

Incomplete proposals will not be reviewed.

D. ESG PROGRAM BUDGET FORM

Fiscal Year 2015

| | |
|--------------------|--|
| Organization Name: | |
| Project Name: | |

Please provide a detailed explanation of each line item.

| Budget Categories | | | | |
|-------------------|----------------|--------------------------|----------------|--------------|
| Line Item Object | Funding Amount | | | Total Amount |
| | ESG Amount | Other Cash Contributions | In-Kind Amount | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

IX. ATTACHMENTS

Information of Vendor's Application and Commodity Codes

Vendor's Application

Authorizing Resolution

Certificate of Insurance

W-9 Form

Affidavit

INSTRUCTIONS FOR OBTAINING
A VENDOR'S APPLICATION
AND COMMODITY CODES
FOR THE CITY OF SHREVEPORT

WEB SITE ADDRESS: WWW.CI.SHREVEPORT.LA.US

TO OBTAIN THE REQUIRED FIVE-DIGIT COMMODITY CODES FOR YOUR APPLICATION

Go to SECTION 900.

Select the letter of the alphabet that pertains to your product or service your company provides.

For example: For "CONSTRUCTION," you will need to click on the letter "P" for PUBLIC WORKS, CONSTRUCTION, AND RELATED SERVICES. For "TOOLS," you will click on the letter "H" for "HANDTOOLS," or the letter "A" for "AUTO SHOP EQUIPMENT" if you sell "AIR POWERED SHOP TOOLS." For "GASOLINE," you will need to click on the letter "F" for "FUEL. The items that you are looking for may be listed with different names.

When you select a letter of the alphabet, you will be given a list of the 3-digit codes. Click on the 3-digit code to obtain the required 5-digit code. **It is imperative that we have the 5-digit code in order for your application to be processed.** Please remember that the main reason for using five-digit commodity codes is to identify vendors that carry the items that are needed by the City.

If you have any questions or need further assistance, please call the Purchasing Office at 318-673-5450.

Revised 6-12-03

**VENDOR'S APPLICATION** (Revised 12-15-08)

Please e-mail, mail or fax application to:
City of Shreveport ☐ Purchasing Division
PO Box 31109 ☐ Shreveport, LA 71130-1109
505 Travis Street ☐ Suite 610 ☐ Shreveport, LA 71101-3042
Phone: (318) 673-5450 ☐ Fax: (318) 673-5408
web site: www.shreveportla.gov

All information must be provided typed or printed.

W-9 form at: <http://www.irs.ustreas.gov/pub/irs-pdf/fw9.pdf?portlet=3>

| | | |
|---|----------------------|---|
| <input type="checkbox"/> INITIAL APPLICATION <input type="checkbox"/> REVISION | Date of Application: | Copy of Current Business/Occupational License & W-9 Forms are Required. Are they attached? <input type="checkbox"/> yes <input type="checkbox"/> no ADJUDICATED PROPERTY AFFIDAVIT MAILED? <input type="checkbox"/> |
|---|----------------------|---|

| | |
|--------------|--|
| Vendor Name: | Federal Identification or S.S. Number: |
|--------------|--|

| | |
|---|---------------|
| Sales (Order) Address (Street, City, State & Zip Code): | Phone Number: |
|---|---------------|

| | |
|--|-------------|
| Remittance Address (Street, City, State & Zip Code): | Fax Number: |
|--|-------------|

| | |
|-------------------|-----------------|
| Web Site Address: | E-Mail Address: |
|-------------------|-----------------|

Type of Organization: ☐ Partnership ☐ Sole Proprietorship ☐ Corporation DBE Ownership _____%* ☐ Minority Ownership _____%

Type of Business or Service: ☐ Architect/Engineer ☐ Manufacturer or Producer ☐ Distributor ☐ MFGR'S Agent
(Check all that apply) ☐ Retailer ☐ Service Establishment ☐ Wholesaler ☐ Construction

It is imperative that the five digit commodity codes are listed on your application. These codes can be accessed on the web at www.shreveportla.gov under Bids & RFPs, Section 900 or at BidSync.com. **Click on the three digit code and the five digit codes will be shown. All of the 900 range commodity codes are for services & construction.** Please list all commodity codes that apply. Use the back if more space is needed. **When working on City property see Section 600 on the web for Insurance Requirements.**

| | | | | | | | |
|------------|------------|------------|------------|------------|------------|------------|------------|
| (1) _____ | (2) _____ | (3) _____ | (4) _____ | (5) _____ | (6) _____ | (7) _____ | (8) _____ |
| (9) _____ | (10) _____ | (11) _____ | (12) _____ | (13) _____ | (14) _____ | (15) _____ | (16) _____ |
| (16) _____ | (17) _____ | (18) _____ | (19) _____ | (20) _____ | (21) _____ | (22) _____ | (23) _____ |
| (24) _____ | (25) _____ | (26) _____ | (27) _____ | (28) _____ | (29) _____ | (30) _____ | (31) _____ |
| (32) _____ | (33) _____ | (34) _____ | (35) _____ | (36) _____ | (37) _____ | (38) _____ | (39) _____ |
| (40) _____ | (41) _____ | (42) _____ | (43) _____ | (44) _____ | (45) _____ | (46) _____ | (47) _____ |

Please check all of the classifications below that apply. FSC requires certification by the Fair Share Office.

| | | | | | |
|--|--|--|--|---|--|
| Small Business (SBE) <input type="checkbox"/> | Large Business (LBE) <input type="checkbox"/> | Fair Share Certified (FSC) <input type="checkbox"/> | Disadvantaged Business (DBE) <input type="checkbox"/> | Architect or Engineer (AEC) <input type="checkbox"/> | Women Owned Business (WBE) <input type="checkbox"/> |
|--|--|--|--|---|--|

| | |
|---|---|
| Persons Authorized to sign bids and Contracts in your name (If an agent, so specify) | Persons to contact on matters concerning bids and contracts |
|---|---|

| Name | Official Capacity | Name | Official Capacity |
|------|-------------------|------|-------------------|
| | | | |
| | | | |

I understand that I will need to watch for the City's ads in the legal section of *The Times* and/or on BidSync.com web site so that I will know when to contact the City for a copy of an Invitation for Bid (IFB), a Request for Proposal (RFP), or a Request for Statement of Qualification (RFS).

I certify that the information supplied herein (including attached pages) is correct and that neither the applicant nor any person (or concern) in any connection with the applicant as a principal officer, so far as is known, is in arrears on money owed to the City, is now debarred or otherwise declared ineligible by any public agency from bidding for furnishing materials, supplies or services to any agency thereof.

| | |
|--|---|
| Signature of Person Authorized to Sign | Name and Title of Person Authorized to Sign for this Firm |
|--|---|

*Defined as those who are socially disadvantaged by Small Business Administration that includes Black Americans, Hispanic Americans, Native Americans, Asian Pacific Americans and Subcontinent Asian Americans. Place actual percentage of ownership from 0% to 100%. **Women are not included in this definition of minority unless they fit into one of these categories.**

AUTHORIZING RESOLUTION

Name of Organization: _____

Be it resolved by the Board of Directors or Members of _____ domiciled

in _____, that _____ is hereby
authorized to sign any and all contracts and/or agreements with the City of Shreveport and to do any and all things
necessary to execute the contracts and/or agreement on behalf of this corporation.

That I, _____, _____
(Name) (Position of Authority)


herby certify that the above and foregoing resolution is a true and correct copy of a resolution of the Board of Directors or Members of this
organization which was passed at a meeting, duly called on _____, 20____ at which a quorum was present. This resolution has been
entered into the records of this organization, has not been rescinded or modified, and remains in full force and effect on this date.

Dated this _____ day of _____, 20_____.

WITNESSES:

Signature: _____

Federal Tax ID Number: _____

| CERTIFICATE OF INSURANCE | | | | | | | | | | City of Shreveport | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|-------|-------------|--|----------------------------|--|--|--|--|-------------------------------------|-----|--|----------------------------|--|------------------------------|--|----|--|--|--------------------------|--|--|-------|--|--|-------------------|--|-------|-----------------|--|--|--------|--|--|
| THIS IS TO CERTIFY THAT POLICIES OF INSURANCE ARE IN FORCE AS LISTED BELOW, SUBJECT TO THE TERMS AND CONDITIONS THEREOF | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| INSURED: | | | | | | | | | | COMPANIES AFFORDING COVERAGE | | | | | | | | | | A. M. BEST RATING | | | | | | | | | | | | | | |
| | | | | | | | | | | COMPANY A | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | COMPANY B | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | COMPANY C | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | COMPANY D | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | COMPANY E | | | | | | | | | | | | | | | | | | | | | | | | |
| THIS CERTIFICATE OF INSURANCE NEITHER AFFIRMATIVELY NOR NEGATIVELY AMENDS, EXTENDS, OR ALTERS THE COVERAGES AFFORDED BY THE POLICIES SHOWN BELOW, BUT THE COVERAGES SHOWN BELOW MEET THE CITY CONTRACT SPECIFICATIONS EXCEPT AS SPECIFICALLY NOTED. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CO LTK R | TYPE OF INSURANCE | | | | POLICY NUM- BER | | POLICY EF- FECTIVE (MM/DD/YY) | | POLICY EXPIRATION DATE (MM/DD/YY) | | | | LIMITS | | | | | | | | | | | | | | | | | | | | | |
| | GENERAL LIABILITY | | | | | | | | | | | | GENERAL AGGREGATE | | \$ | | | | | | | | | | | | | | | | | | | |
| | COMMERCIAL GENERAL LIABILITY | | | | | | | | | | | | PRODUCTS-COMP/OP AGG | | \$ | | | | | | | | | | | | | | | | | | | |
| | | | CLAIMS MADE | | OCCUR | | Coverage included for XCU hazards | | | | Yes | | No | | PERSONAL & ADVIN-JURY | | \$ | | | | | | | | | | | | | | | | | |
| | OWNERS & CONTRACTOR'S PROT | | | | | | Policies endorsed for mandatory 30 day notice provision | | Yes | | No | | EACH OCCUR-RENCE | | \$ | | | | | | | | | | | | | | | | | | | |
| | | | | | | | Policy endorsed for Subrogation Waiver | | Yes | | No | | FIRE DAMAGE (Any one fire) | | \$ | | | | | | | | | | | | | | | | | | | |
| | | | | | | | Policy endorsed to specify the City of Shreveport as an additional insured | | Yes | | No | | MED EXP (Any one person) | | \$ | | | | | | | | | | | | | | | | | | | |
| | AUTOMOBILE LIABILITY | | | | | | | | | | | | COMBINED SINGLE UNIT | | \$ | | | | | | | | | | | | | | | | | | | |
| | ANY AUTO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | ALL OWNED AUTOS | | | | | | | | | | | | | | BODILY INJURY (Per person) | | \$ | | | | | | | | | | | | | | | | | |
| | SCHEDULED AUTOS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | HIRED AUTOS | | | | | | | | | | | | | | BODILY INJURY (Per accident) | | \$ | | | | | | | | | | | | | | | | | |
| | NON-OWNED AUTOS | | | | | | Policies endorsed for mandatory 30 day notice provision | | Yes | | No | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | Policy endorsed for Subrogation Waiver | | Yes | | No | | | | PROPERTY DAMAGE | | \$ | | | | | | | | | | | | | | | | | |
| | | | | | | | Policy endorsed to specify the City of Shreveport as an additional insured | | Yes | | No | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | AUTO ONLY-EA ACCIDENT | | \$ | | | | | | | | | | | | | | | | | | | |
| | GARAGE LIABILITY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | ANY AUTO | | | | | | Policies endorsed for mandatory 30 day notice provision | | Yes | | No | | OTHER THAN AUTO ONLY: | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | Policy endorsed for Subrogation Waiver | | Yes | | No | | EACH ACCI-DENT | | \$ | | | | | | | | | | | | | | | | | | | |
| | | | | | | | Policy endorsed to specify the City of Shreveport as an additional insured | | Yes | | No | | AGGREGATE | | \$ | | | | | | | | | | | | | | | | | | | |
| | EXCESS LIABILITY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | Policies endorsed for mandatory 30 day notice provision | | Yes | | No | | EACH OCCUR-RENCE | | \$ | | | | | | | | | | | | | | | | | | | |
| | | | | | | | Policy endorsed for Subrogation Waiver | | Yes | | No | | AGGREGATE | | \$ | | | | | | | | | | | | | | | | | | | |
| | | | | | | | Policy endorsed to specify the City of Shreveport as an additional insured | | Yes | | No | | | | | | | | | | | | | | | | | | | | | | | |
| | WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY | | | | | | | | | | | | STATU-TORY LIMITS | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | Policies endorsed for mandatory 30 day notice provision | | Yes | | No | | EACH ACCI-DENT | | \$ | | | | | | | | | | | | | | | | | | | |
| | | | | | | | Policy endorsed for Subrogation Waiver | | Yes | | No | | DISEASE-POLICY LIMIT | | \$ | | | | | | | | | | | | | | | | | | | |
| | This Worker's Compensation Policy provides coverage for all members of the insured organization, including an employer, a sole proprietor, a partner or bona fide officer of the organization and all employees. | | | | | | | | | | | | DISEASE-EACH EMPLOYEE | | \$ | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | OTHER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <div style="display: flex; align-items: center;"> <div style="flex: 1;">  </div> <div style="flex: 2;"> <p>CERTIFICATE HOLDER: City of Shreveport P.O. Box 31109 Shreveport, LA 71130</p> </div> <div style="flex: 3;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 15%;">SIGNA-TURE:</td><td style="width: 65%;"></td><td style="width: 20%;"></td></tr> <tr><td>NAME:</td><td></td><td></td></tr> <tr><td>MAILING AD-DRESS:</td><td></td><td>DATE:</td></tr> <tr><td>CITY/STATE/ZIP:</td><td></td><td></td></tr> <tr><td>PHONE:</td><td></td><td></td></tr> </table> </div> </div> | | | | | | | | | | | | | | | | | | | | SIGNA-TURE: | | | NAME: | | | MAILING AD-DRESS: | | DATE: | CITY/STATE/ZIP: | | | PHONE: | | |
| SIGNA-TURE: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MAILING AD-DRESS: | | DATE: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY/STATE/ZIP: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PHONE: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| As an authorized representative, I certify that the above fairly represents the policies in force: (revised 11-18-03) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

CITY OF SHREVEPORT - PURCHASING DIVISION

- The U.S. grantor or other owner of a grantor trust and not the trust, and
- The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien.

Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments (after December 31, 2002). This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 4 for details),

3. The IRS tells the requester that you furnished an incorrect TIN,

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate Instructions for the Requester of Form W-9.

Also see *Special rules regarding partnerships* on page 1.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

Limited liability company (LLC). If you are a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Treasury regulations section 301.7701-3, enter the owner's name on the "Name" line. Enter the LLC's name on the "Business name" line. Check the appropriate box for your filing status (sole proprietor, corporation, etc.), then check the box for "Other" and enter "LLC" in the space provided.

Other entities. Enter your business name as shown on required federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name" line.

Note. You are requested to check the appropriate box for your status (individual/sole proprietor, corporation, etc.).

Exempt From Backup Withholding

If you are exempt, enter your name as described above and check the appropriate box for your status, then check the "Exempt from backup withholding" box in the line following the business name, sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

Exempt payees. Backup withholding is not required on any payments made to the following payees:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),
 2. The United States or any of its agencies or instrumentalities,
 3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,
 4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or
 5. An international organization or any of its agencies or instrumentalities.
- Other payees that may be exempt from backup withholding include:
6. A corporation,
 7. A foreign central bank of issue,
 8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,
 9. A futures commission merchant registered with the Commodity Futures Trading Commission,
 10. A real estate investment trust,
 11. An entity registered at all times during the tax year under the Investment Company Act of 1940,
 12. A common trust fund operated by a bank under section 584(a),
 13. A financial institution,
 14. A middleman known in the investment community as a nominee or custodian, or
 15. A trust exempt from tax under section 664 or described in section 4947.

The chart below shows types of payments that may be exempt from backup withholding. The chart applies to the exempt recipients listed above, 1 through 15.

| IF the payment is for . . . | THEN the payment is exempt for . . . |
|--|--|
| Interest and dividend payments | All exempt recipients except for 9 |
| Broker transactions | Exempt recipients 1 through 13. Also, a person registered under the Investment Advisers Act of 1940 who regularly acts as a broker |
| Barter exchange transactions and patronage dividends | Exempt recipients 1 through 5 |
| Payments over \$600 required to be reported and direct sales over \$5,000 ¹ | Generally, exempt recipients 1 through 7 ² |

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation (including gross proceeds paid to an attorney under section 6045(f), even if the attorney is a corporation) and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees; and payments for services paid by a federal executive agency.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-owner LLC that is disregarded as an entity separate from its owner (see *Limited liability company (LLC)* on page 2), enter your SSN (or EIN, if you have one). If the LLC is a corporation, partnership, etc., enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at www.socialsecurity.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses and clicking on Employer ID Numbers under Related Topics. You can get Forms W-7 and SS-4 from the IRS by visiting www.irs.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Writing "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt recipients, see *Exempt From Backup Withholding* on page 2.

Signature requirements. Complete the certification as indicated in 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

| For this type of account: | Give name and SSN of: |
|---|---|
| 1. Individual | The individual |
| 2. Two or more individuals (joint account) | The actual owner of the account or, if combined funds, the first individual on the account ¹ |
| 3. Custodian account of a minor (Uniform Gift to Minors Act) | The minor ² |
| 4. a. The usual revocable savings trust (grantor is also trustee) | The grantor-trustee ¹ |
| b. So-called trust account that is not a legal or valid trust under state law | The actual owner ¹ |
| 5. Sole proprietorship or single-owner LLC | The owner ³ |
| For this type of account: | Give name and EIN of: |
| 6. Sole proprietorship or single-owner LLC | The owner ³ |
| 7. A valid trust, estate, or pension trust | Legal entity ⁴ |
| 8. Corporate or LLC electing corporate status on Form 8832 | The corporation |
| 9. Association, club, religious, charitable, educational, or other tax-exempt organization | The organization |
| 10. Partnership or multi-member LLC | The partnership |
| 11. A broker or registered nominee | The broker or nominee |
| 12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments | The public entity |

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or "DBA" name on the second name line. You may use either your SSN or EIN (if you have one). If you are a sole proprietor, IRS encourages you to use your SSN.

⁴ List first and circle the name of the legal trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules regarding partnerships* on page 1.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA, or Archer MSA or HSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. possessions to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 28% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.

CITY OF SHREVEPORT-PURCHASING DIVISION

P.O. BOX 31109 SHREVEPORT, LOUISIANA 71130-1109 Suite 610, 505 TRAVIS SHREVEPORT, LA 71101-3042
Phone 318/673-5450 web site: www.shreveportla.gov Fax 318/673-5408

July 10, 2008

FAXED TO: _____

ATTENTION: _____

Section 26-211 of the Code of Ordinances has been changed effective February 5, 2008 to include the following:

(b) No contract to which the City is a party shall be awarded to any person who:

- 1) Has not paid all taxes, licenses, fees and other charges which are outstanding and due the City, or
- 2) Owns any property which is adjudicated to the City or which has demolition liens, grass cutting liens, or any other property standards liens on it, or
- 3) Owns more than 25% of a legal entity that owns any property which is adjudicated to the City or which has demolition liens, grass cutting liens, or any other property standards liens on it, or
- 4) Who has a member of his immediate family who owns any property which is adjudicated to the City or which has demolition liens, grass cutting liens, or any other property standards liens on it.

d) For purposes of this subsection, the following terms shall have the following meanings:

- 1) "Immediate family" means the contractor's children, the spouses of his children, his brothers and their spouses, his sisters and their spouses, his parents, his spouse, and the parents of his spouse.
- 2) "Own" shall mean to be the last record owner of property prior to a tax sale or adjudication.

Because of this, the City Attorney's Office has provided the attached affidavit that we must require of every Contractor/Vendor that does business with the City. Please return this affidavit by mail at your earliest convenience so that we can issue your firm purchase orders now or in the future. **DO NOT RETURN WITH ANY OF YOUR BID DOCUMENTS.**

If you have any questions concerning this matter, please call the number listed below within three working days after receipt of this letter.

Sincerely,

Tom Mattox, CPPO, C.P.M., Purchasing Agent

cc: File

Enclosure: Affidavit

If you have any questions, please call Frances Antoine at 318/673-5450 or Mary Fuller at 318/673-5458. Please mail original affidavit with notary seal to: Purchasing Affidavit, P.O. Box 31109, Shreveport, LA 71130. **We will not be allowed to issue your firm a purchase order or payment until a properly executed affidavit is returned.**

**APPENDIX 2-AFFIDAVIT ATTESTING THAT CONTRACTOR, LEGAL
ENTITIES OF CONTRACTOR DO NOT OWN ADJUDICATED OR LIEN
PROPERTY**

BEFORE ME, the undersigned Notary Public duly qualified and commissioned, came and appeared

_____ authorized
representative of

_____ with a Federal I.D. Number of:

_____: and with a current e-mail address of: _____

_____ who does hereby state as follows, to-wit:

1.0 Contractor does not own any property which is adjudicated to the City of Shreveport or which has demolition liens, grass cutting liens, or any other property standards liens on it. For purposes of this subsection, the term "Own" shall mean to be the last record owner of the property prior to a tax sale or adjudication.

2.0 Contractor does not own more than 25% of a legal entity that owns any property which is adjudicated to the City or which has demolition liens, grass cutting liens, or any other property standards liens on it.

3.0 Contractor has paid all taxes, licenses, fees, and other charges which are outstanding and due to the City.

4.0 Contractor will provide written notification to the City's Purchasing Agent not later than the next work day after any of the above statements becomes invalid.

5.0 This affidavit shall expire one year from the date shown below unless renewed by the contractor.

THUS DONE AND PASSED before me, Notary, on this day _____ of, 20_____.

Signature: _____ Title: _____

NOTARY PUBLIC: _____ Seal: _____

Signature

IDENTIFICATION NUMBER:

Note: The notary identification number is required. The City of Shreveport also requires an original seal.

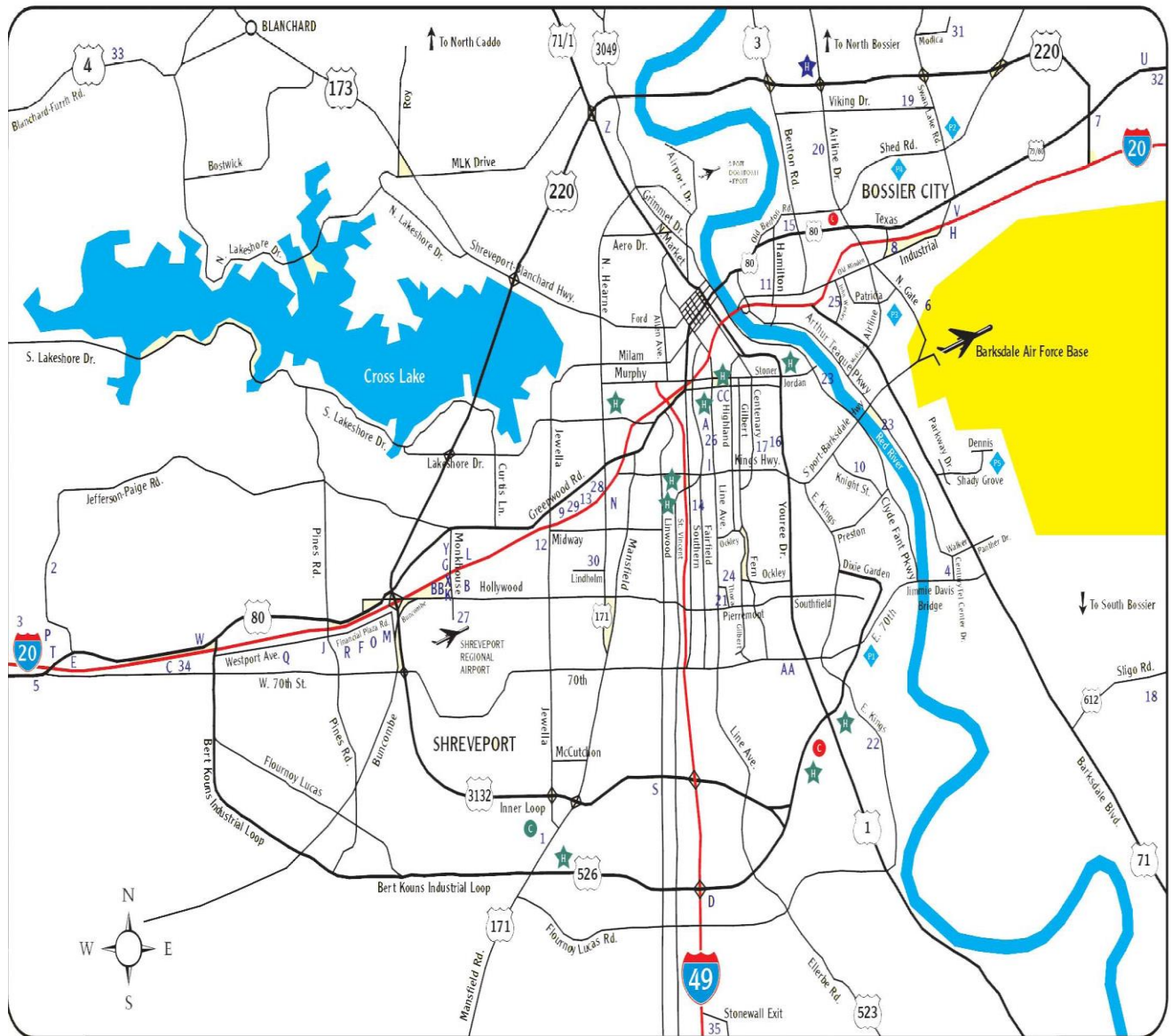
This affidavit is required to document compliance with **City Ordinance 26-211**. If you have any questions, please call Mary Fuller at 318/673-5458 or call 318/673-5450. Please mail original affidavit with notary seal to: Purchasing Affidavit, P. O. Box 31109 or hand deliver to: 505 Travis St., Suite 610, Shreveport, LA 71101. Shreveport, LA 71130. Do not submit with your bid. **We will not be allowed to issue your firm a purchase order or payment until a properly executed original affidavit is returned.**

Revised 7-8-10

X. CHECKLIST OF REQUIRED DOCUMENTS

| | |
|--|------|
| Cover Sheet; | (1) |
| Proposal Narrative; | (2) |
| A Listing of your Board of Directors and their affiliations; | (3) |
| A copy of your current IRS 501(c)(3) tax exempt statement evidencing that you are not a private foundation and an explanation of any changes in your IRS status; | (4) |
| Most Current Financial Statement or Audit (not to exceed two years old); | (5) |
| Authorization Resolution by Your Board of Directors to Apply for City of Shreveport Funds; | (6) |
| Article of Incorporation and Bylaws; | (7) |
| Vendor's Application (if new applicant); | (8) |
| Evidence of Insurance (available upon notification of funding; | (9) |
| W-9 Form; | (10) |
| Evidence of Zoning Approval; | (11) |
| Proposed Agency Budget for Fiscal Year; | (12) |
| List of Staff Members and Positions; | (13) |
| Evidence of Occupational License; and | (14) |
| Certification of Utilization of HMIS System (Applicable to Homeless Providers Only) | (15) |
| Affidavit | (16) |

City of Shreveport



**CITY OF SHREVEPORT
CITY COUNCIL DISTRICTS
PLAN 18
PRECINCTS IN RED**

